EXHIBIT B

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 2 of 15

Fed Tax# 13-1921089 Corporate Duns No KM UEI - QKY QKYFZQL5VZ32

Page 1 /

Maintenance

Invoice No: 9010384737

Invoice Date: 03/31/2025

HUDSON OH 44236-4011

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

04/10/2025 2% 10 NET 30

B-T18

830405

830405 Bill / Mail To: Payer: JO ANN STORES **JO ANN STORES** 5555 DARROW RD 5555 DARROW RD

HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage Dates 06/09/2023-03/30/2025	
Invoice Comments			
Summary Invoice Coverage Periods			
02/01/2025-02/01/2025 02/01/2025-02/23/2025 02/01/2025-02/28/2025 02/01/2025-03/11/2025 02/01/2025-03/30/2025	02/01/2025-02/10/2025 02/01/2025-02/25/2025 02/01/2025-03/06/2025 02/01/2025-03/15/2025	02/01/2025-02/22/2025 02/01/2025-02/26/2025 02/01/2025-03/07/2025 02/01/2025-03/16/2025	
		Non-Taxable Amount: Taxable Amount: Invoice Sub Total:	328.4 464.1 792.6
		Tax Total:	37.8
		Invoice TOTAL:	\$ 830.4

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

QTR/QTR 1

KONICA MINOLTA BUSINESS SOLUTIONS

For Administrative Use Only

USA INC DEPT. CH 19188 PALATINE, IL 60055-9188

USA

40149016

9010384737 **Invoice Nbr:**

830405

T18

Payment Due Date: 04/10/2025

\$ 830.45 **Pay This Amount:**

Payer ID:

9010384737

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 3 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status Address Changes Payment by Credit Card (See Below)

TELEPHONE NO.: 1-800-695-4195

E-MAIL ADDRESS: custhelp@kmbs.konicaminolta.us

FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

	<u>Payer</u>		
Account No.	830405		
Company Name			
Company Address			
	(Fax or Mail to the above	· Address)	
Signature:	(run or man to the above	Date:	
Title			



Fed Tax# 13-1921089 Corporate Duns No KM UEI -QKYFZQL5VZ32



Page 1 /

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

05/15/2025 **NET 30 DAYS**

B-T18

Invoice Date:

Invoice No:

04/15/2025

9010402403

1283910 830405 Payer:

JO ANN STORES 5555 DARROW RD HUDSON OH 44236-4011

Bill / Mail To: JO ANN STORES ATTN TIM CAVANAUGH 5555 DARROW RD HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage Dates			
		07/09/2024-09/20/2025			
Invoice Comments					
Summary Invoice Coverage Periods					
03/16/2025-04/15/2025					

Non-Taxable Amount: 24.67 92.46 **Taxable Amount: Invoice Sub Total:** 117.13

Tax Total: 6.68 \$ 123.81 **Invoice TOTAL:**

830405

9010402403

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC DEPT. CH 19188**

PALATINE, IL 60055-9188

USA

For Administrative Use Only

Payment Due Date: 05/15/2025

Payer ID:

Invoice Nbr:

\$ 123.81 **Pay This Amount:** 9010402403

40048584 830405 VARIOUS 4 T18

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 5 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

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FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes	<u>Payer</u>			
Account No.	830405			
Company Name				
Company Address				
	(Fax or Mail to	the above Address)		
Signature:			Date:	
Title				
-	pay any disputed amount pending			•

undisputed charges that are billed to you. Disputes must be reported in writing within 30 days of receipt of this invoice. Thank You!



Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 6 of 15

Fed Tax# 13-1921089 Corporate Duns No KM UEI - QKY

QKYFZQL5VZ32

Page 1 /

Maintenance

Invoice No:

9010423962

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

05/10/2025 2% 10 NET 30

B-T18

Invoice Date:

Bill / Mail To:

JO ANN STORES

5555 DARROW RD

HUDSON OH 44236-4011

04/30/2025

830405 830405 Payer:

JO ANN STORES 5555 DARROW RD

HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage Dates 03/22/2023-01/12/2028	
Invoice Comments			
02/01/2025-03/05/2025 02/01/2025-04/09/2025 02/02/2025-04/30/2025 02/26/2025-04/30/2025 03/06/2025-04/30/2025 03/12/2025-04/30/2025 03/31/2025-04/30/2025 04/10/2025-04/30/2025	02/01/2025-04/05/2025 02/01/2025-04/25/2025 02/23/2025-04/30/2025 02/27/2025-04/30/2025 03/07/2025-04/30/2025 03/16/2025-04/30/2025 04/06/2025-04/30/2025 04/26/2025-04/30/2025	02/01/2025-04/08/2025 02/01/2025-04/30/2025 02/24/2025-04/30/2025 03/01/2025-04/30/2025 03/08/2025-04/30/2025 03/17/2025-04/30/2025 04/09/2025-04/30/2025	
		Non-Taxable Amount: Taxable Amount:	6,571.8 20,088.9
		Taxable Amount: Invoice Sub Total: Tax Total: Invoice TOTAL:	20,086 26,666 1,386 \$ 28,04 1

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC**

DEPT. CH 19188

PALATINE, IL 60055-9188

USA

9010423962 **Invoice Nbr:**

Payment Due Date: 05/10/2025

Payer ID:

Pay This Amount: 9010423962

\$ 28,041.43

830405

For Administrative Use Only 40149016

Maintenance QTR/QTR 1

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 7 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status Address Changes Payment by Credit Card (See Below)

TELEPHONE NO.: 1-800-695-4195

E-MAIL ADDRESS: custhelp@kmbs.konicaminolta.us

FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446 Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes	<u>Payer</u>			
Account No.	830405			
Company Name				
Company Address				
	(Fax or Ma	l to the above Address)		
Signature:			Date:	
Title				
		_	oilling discrepancy inquiry. Payme within 30 days of receipt of this i	-



Fed Tax# 13-1921089 Corporate Duns No QKYFZQL5VZ32 KM UEI -



Page 1 /

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

06/14/2025 **NET 30 DAYS**

B-T18

Invoice Date:

Invoice No:

05/15/2025

9010439904

1283910 830405 Payer:

JO ANN STORES 5555 DARROW RD HUDSON OH 44236-4011

Bill / Mail To: JO ANN STORES ATTN TIM CAVANAUGH 5555 DARROW RD HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage Dates
		07/09/2024-09/20/2025
Invoice Comments		

Invoice Comments

Summary Invoice Coverage Periods

04/16/2025-05/15/2025

Non-Taxable Amount: 23.88 **Taxable Amount:** 89.43 **Invoice Sub Total:** 113.31

Tax Total: 6.46 \$ 119.77 **Invoice TOTAL:**

830405

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC**

DEPT. CH 19188

For Administrative Use Only

PALATINE, IL 60055-9188

USA

40048584

9010439904 **Invoice Nbr:**

T18

Payment Due Date: 06/14/2025

Payer ID:

\$ 119.77 **Pay This Amount:**

9010439904

VARIOUS

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 9 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status Address Changes Payment by Credit Card (See Below)

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E-MAIL ADDRESS: custhelp@kmbs.konicaminolta.us

FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Account No.	830405			
Company Name				
Company Address				
	(Fax or Mail	to the above Address)		
Signature:			Date:	
Title				



Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 10 of 15

Fed Tax# 13-1921089

Corporate Duns No KM UEI - QKY QKYFZQL5VZ32

B-T18

Page 1 /

Maintenance

Invoice No:

9010469336

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

06/12/2025 2% 10 NET 30

Invoice Date:

Bill / Mail To:

JO ANN STORES

5555 DARROW RD

HUDSON OH 44236-4011

06/02/2025

830405 830405 Payer:

JO ANN STORES 5555 DARROW RD

HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage	Dates	
		03/22/2023-05/30/2025		
Invoice Comments				
Summary Invoice Coverage Periods				
05/01/2025-05/03/2025 05/01/2025-05/20/2025 05/01/2025-05/25/2025 05/06/2025-05/30/2025 05/24/2025-05/30/2025	05/01/2025-05/05/2025 05/01/2025-05/23/2025 05/01/2025-05/30/2025 05/18/2025-05/30/2025 05/25/2025-05/30/2025	05/01/2025-05/17/2025 05/01/2025-05/24/2025 05/04/2025-05/30/2025 05/21/2025-05/30/2025 05/26/2025-05/30/2025		
		Non-Taxable Amount: Taxable Amount: Invoice Sub Total:	4,827.53 14,833.84 19,661.37	
		Tax Total: Invoice TOTAL:	1,021.25 \$ 20,682.62	

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC**

DEPT. CH 19188

For Administrative Use Only

PALATINE, IL 60055-9188

USA

Invoice Nbr: 9010469336

830405

\$ 20,682.62

Payment Due Date: 06/12/2025

Payer ID:

Pay This Amount:

9010469336

40149016 Maintenance 830405 QTR/QTR 1

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 11 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status Address Changes Payment by Credit Card (See Below)

TELEPHONE NO.: 1-800-695-4195

E-MAIL ADDRESS: custhelp@kmbs.konicaminolta.us

FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes	<u>Payer</u>			
Account No.	830405			
Company Name				
Company Address				
	(Fax or Mail to the ab	ove Address)		
Signature:			Date:	
Title		_		
You are not required to p	ay any disputed amount pending the re	— solution of the billing di	iscrepancy inquiry. Pay	ment is still require

undisputed charges that are billed to you. Disputes must be reported in writing within 30 days of receipt of this invoice. Thank You!



Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 12 of 15

Fed Tax# 13-1921089 Corporate Duns No KM UEI - QKY QKYFZQL5VZ32

1283910

Page 1 /

Maintenance

Bill / Mail To:

JO ANN STORES

5555 DARROW RD

ATTN TIM CAVANAUGH

HUDSON OH 44236-4011

Invoice No: 9010465493

Invoice Date: 06/01/2025

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: Payment Terms:

07/01/2025 **NET 30 DAYS**

B-T18

830405

Payer: JO ANN STORES 5555 DARROW RD HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage Dates
		08/17/2024-05/30/2025

Invoice Comments

Summary Invoice Coverage Periods

05/16/2025-05/30/2025

Non-Taxable Amount: -62.38 **Taxable Amount:** -51.03 **Invoice Sub Total:** -113.41

Tax Total: Invoice TOTAL:

-4.59\$ -118.00

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC DEPT. CH 19188**

PALATINE, IL 60055-9188

USA

Invoice Nbr: 9010465493

830405

\$ -118.00

Payment Due Date: 07/01/2025

9010465493

Pay This Amount:

Payer ID:

T18

For Administrative Use Only

40048584 Maintenance STD 3

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 13 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status Address Changes Payment by Credit Card (See Below)

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E-MAIL ADDRESS: custhelp@kmbs.konicaminolta.us

FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT: 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes	<u>Payer</u>		
Account No.	830405		
Company Name			
Company Address			
	(Fax or Mail to the above A	address)	
Signature:		Date:	
Title			
	ay any disputed amount pending the resoluti		

undisputed charges that are billed to you. Disputes must be reported in writing within 30 days of receipt of this invoice. Thank You!



Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 14 of 15

Fed Tax# 13-1921089 Corporate Duns No KM UEI - QKY QKYFZQL5VZ32

1283910

Page 1 /

B-T18

Maintenance

Invoice No: 9010468259

KONICA MINOLTA **ORIGINAL** SUMMARY INVOICE

Payment Due Date: 07/02/2025 **Payment Terms: NET 30 DAYS**

Invoice Date:

06/02/2025

830405

Bill / Mail To: JO ANN STORES ATTN TIM CAVANAUGH 5555 DARROW RD HUDSON OH 44236-4011

Payer: JO ANN STORES 5555 DARROW RD HUDSON OH 44236-4011

Purchase Order Number	Customer Contract	Contract Coverage D	ates		
		07/09/2024-05/30/20)25		
nvoice Comments					
Summary Invoice Coverage Periods					
05/16/2025-05/30/2025					
		Invoice Sub Total:	22.6		
		Tax Total:	1.5		

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

Please pay online at www.MyKMBS.com using your payer id or remit payment to:

KONICA MINOLTA BUSINESS SOLUTIONS **USA INC DEPT. CH 19188**

PALATINE, IL 60055-9188 USA

40048584

9010468259 **Invoice Nbr:**

Payment Due Date: 07/02/2025

Payer ID:

Invoice TOTAL:

Pay This Amount: 9010468259

\$ 24.11

830405

For Administrative Use Only

Maintenance M/M 0/0 5

Case 25-10068-CTG Doc 1543-2 Filed 08/06/25 Page 15 of 15 Konica Minolta Business Solutions U.S.A., Inc.

BILLING AND PAYMENT INQUIRIES

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FAX NO.: 1-800-862-2490

or Konica Minolta Business Solutions

WRITE US AT : 100 Williams Dr. Ramsey,NJ 07446

Attn: Customer Help Desk

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ecount No.	830405		
ompany Name			
mpany Address			
	(Fax or Mail to the	above Address)	
Signature:		Date:	
Title			

